									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003								10723649						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			72					RATE	Ξ]	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	ΈE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			7 minus 20=		.52			X\$ 9	=	468	OR	X\$18=		
INDEPENDENT CLAIMS			9 minus 3 =		*	6		X43=	;	258	OR	X86=		
<u> </u>		NDENT CLAIM P						+145:	_		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTA	L	1/1/	OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMAL	.L. E	ENTITY	OR	OTHER SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 72	Minus	9	72	=		X\$ 9=	=		OR	X\$18=		
₩ W	Independent	1.9	Minus	***	7	=/		X43=		7	OR	X86≃	/ .	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+145=		<u> </u>	OR	+290=		
1, 16,24,28,42,52,60,62,70								TOTA			OR	TOTAL ADDIT. FEE	<u> </u>	
<u> </u>	(Column 1) (Column 2) (Column 3)									\			: 	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	**		= .		X\$ 9=		ì	OR	X\$18=		
ME	Independent	•	Minus	***	•	=		X43=		:	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+145=			OR	+290=		
									i			TOTAL		
	 								EL		OR	ADDIT. FEE		
		(Column 1) CLAIMS		· (Colun		(Column 3)	l .r		-	ADDI:			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE		ADDI: TIONAL FEE		RATE	TIONAL FEE	
MOZ	Total	t	Minus	**		=		X\$ 9=			OR	X\$18=		
ME	Independent	A	Minus	***		=		X43=	1		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u>·</u> _	1			.000	-	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290= TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOH											OR	ADDIT. FEE		
		iber Previously Pai					er fou	nd in the a	аррі	ropriate box	in col	umn 1.		